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PAKISTANI FOCUS GROUPS ON BIRTH SPACING

Qualitative Study in Pakistan

2003



CATALYST
consortium

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Qualitative Study in Pakistan

**(One in a series of five country studies,
including Bolivia, Egypt, India and Peru)**

2003

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All discussions were tape-recorded and first transcribed into Urdu, the local language. These transcripts were then forwarded to the moderator for review. The moderator checked transcripts for errors, made corrections and then sent the transcripts to be translated into English. Once translated into English, the transcripts were returned to the moderator for review and comparison to the Urdu original. All transcriptions were made manually. Specific quotes were then selected from the final transcripts of participants for use in this report.

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I. INTRODUCTION

The Optimal Birth Spacing Initiative (OBSI) is an activity of the CATALYST Consortium designed to place optimal birth spacing on the global public health agenda by instituting a recommendation for three to five year birth intervals at the policy, programmatic and behavioral levels. OBSI has three objectives: (1) to create consensus among international organizations and program managers on the strong association between birth intervals of three to five years and improved maternal and child health; (2) to strengthen health services, provider training and community programs with birth spacing programming; and (3) to empower individuals and families to adopt birth spacing behaviors. To collaborate on the Initiative, CATALYST has gathered a group of "Birth Spacing Champions" (Champions) as an ongoing working group, including over 30 representatives from USAID, UNICEF, cooperating agencies (CAs) interested in birth spacing issues, non-governmental organizations (NGOs), academics and researchers.

CATALYST has commissioned and collected quantitative research on the health impact of optimal birth spacing. This research shows that when births are spaced three to five years apart there are substantially more health benefits for neonates, infants, children and mothers than the previously recommended two-year birth spacing interval. Research findings from North America, Asia, the Middle East/North Africa, Latin America/Caribbean and Sub-Saharan Africa have shown the following:

- Short birth intervals are a key risk factor for maternal and peri-natal morbidity and mortality. This effect remains when the data are statistically controlled for socio-demographic and biological variables. (Conde-Agudelo and Belizan, 2000; Fuentes-Aflick et al., 2002; Zhu et al., 1999; Su et al. , 2001)
- The lowest peri-natal mortality occurs with birth intervals between 3 years and 47 months, and the fewest miscarriages occur when birth intervals are between 2 years and 35 months. (Rutstein, 2002)
- Women with birth intervals of less than 15 months, have 2.54 times the risk of maternal death compared to women with birth intervals of 27-32 months. Women with long birth intervals (> 69 months) have a higher risk for adverse maternal outcomes such as preeclampsia and eclampsia. (Conde-Agudelo and Belizan, 2000)
- In Latin America adolescents aged 15-19 years comprise 80% of the group with the shortest birth intervals. Adolescents who are 16 years old are four times more likely to die of pregnancy related causes compared to mothers aged 20-24 years. Infants of these mothers face an increased risk for low birth weight, small-for-gestational age and preterm delivery. (Conde-Agudelo, 2002)
- There is a substantial demand for birth spacing among young and low-parity women, and a demand among zero-parity women to delay their first births. (Jansen et al. , 2002)

As part of the OBSI strategy, CATALYST has commissioned qualitative research in order to better understand the many and complex issues that shape reproductive health and birth spacing behaviors. Focus Group studies were conducted in five countries - Bolivia, Egypt, India, Pakistan and Peru. Findings from the Focus Groups provide a foundation for developing optimal birth spacing guidance, counseling materials and training guidelines and will also facilitate collaboration between the public, private and NGO sectors.

II. OBJECTIVE OF STUDY

The overall purpose of this study is to provide information on optimal birth spacing to improve the health of women and children. This in-depth research focuses on specific analysis of:

- Knowledge, attitudes and practices of married women with regard to birth spacing.
- Role of husbands and mothers-in-law in decision-making regarding birth spacing.
- Opinion and views of family planning and reproductive health service providers.

III. METHODOLOGY

A. Sites & Profiles

The findings presented in this report are of qualitative Focus Groups held in November 2002 in Pakistan at two urban sites, Lahore and Karachi, and at two peri-urban sites, Gujranwala and Thatta. The study investigated birth spacing opinions of married women, their male partners, mothers-in-law and health care providers.

A short screening questionnaire was developed to identify married females, males, mothers-in-law and service providers from low-income areas in Lahore, Karachi, Gujranwala and Thatta to participate in the focus group discussions. CATALYST provided guidelines for the questionnaire and worked with local researchers to identify sites.

Males and Females were screened in their homes, while service providers were screened at service delivery facilities. Informed consent in the form of written permission was solicited from those selected, and participants were assured prior being recorded in interviews that their identities would remain confidential.

B. Target Groups

Forty focus group discussions were conducted with the following target groups:

- Women who have used birth spacing (spacers): Defined as women who delivered two or more children in less than five years, with a minimum of two years from the birth date of one child to the birth date of the next child.
- Women who have not used birth spacing (non-spacers): Defined as women who had two or more children within five years that were spaced less than two years apart from birth date to birth date.
- Mothers-in-law
- Male partners
- Gynecologists
- Paramedics/LHWs/ FWWs (Female or Lady Health Workers)

IV. RESULTS

A. Main Findings

Findings suggest that almost all of the respondents found “birth to pregnancy” - known as the inter-pregnancy interval - to be the easiest way of calculating the time between the first- and second-born children. Across all groups, perceived advantages of spacing were similar. The major advantages to children were perceived as “better attentiveness”, “better upbringing” and “healthy birth”. “Better health of women” emerged as the major advantage of birth spacing for women. Males stated “less financial liability” as the major advantage of spacing births - not unexpected in the socio-cultural environment of Pakistan, where the male is usually the sole breadwinner of the family.

Spacers cited two to three years as an ideal duration for spacing. Providers shared the same belief, however, some providers mentioned that an increased period of spacing lead to infertility. Non-spacers, particularly those in a younger age group, described the ideal spacing duration to be three to five years

Among spacers, the major motivation for spacing was “financial constraints”, although having a supportive family atmosphere also facilitated their ability to space. Among non-spacers, an unsupportive family atmosphere, with husbands and mothers-in-law as the major sources of influence, was found to be the chief barrier to practicing spacing.

Findings suggest that the lack of support from husbands, preference for a son, religious inhibitions, influence exerted by mothers-in-law and fear of side effects from contraceptives, discourage the practice of spacing. Even spacers in younger age groups recognize the important role that mothers-in-law play in deciding the spacing of their children. Although mothers-in-law are highly involved in decisions about the timing of children, they deny their influential role.

Focus Group discussions also yielded information regarding the perception of health services and facilities. According to participants, private facilities offered better care, more respect, more privacy and more careful attention than the government-run facilities. Moreover, providers at private facilities were more likely to give complete information on spacing than government-sponsored service providers.

Female participants believed doctors to be the most trusted source of information on family planning, while males cited female health workers (LHW's) as the most trusted. Participants reported that pharmacies did not provide any information on spacing. However, many women felt that if pharmacies were to provide such information, it should be provided to men only. Providers stated it would be important to include information about birth spacing in contraceptive packaging in order to increase awareness among all contraceptive users.

Calculating Birth Spacing Intervals

There are generally two methods for calculating birth spacing: from the birth of one child to the birth of the next child, or from the birth of a child to the conception (or pregnancy) of the next child. Most spacers and non-spacers agree that the time between one birth and the following pregnancy is the appropriate and easiest interval to use in calculating the space

between children. The rationale is that once a pregnancy begins, the space between children has been determined.

“The spacing period lasts from the birth of the last child to the pregnancy of the next child.”

B. Concept of Birth Spacing among Women

Family planning is generally referred to as “birth spacing” by spacers, non-spacers and mothers-in-law. Mothers-in-law in peri-urban areas did not know the English term “family planning.” They did, however, know comparable Urdu terms meaning “family planning.”

“Space between the first child and the second child is called family planning.”

“Limiting the family size” surfaced, across all female groups, as another reason for spacing.

“Family planning means that one should have few children.”

In some of the groups, participants associated “family planning” with abstinence and sterilization. This view, though shared by a few spacers, was stronger among non-spacers.

“It means putting a complete stop to children through an operation.”

Concept of Birth Spacing Among Women

Beliefs about the ideal duration of the space between births varied among spacers, non-spacers and mothers-in-law.

The majority of spacers and non-spacers in older age groups said the ideal space between births was two to three years.

“I think it should be two to three years because the first child is able to walk by then.”

The space increased to three to five years for non-spacers in the younger age group, and a few spacers in peri-urban areas. Mothers-in-law felt that three to five years was the ideal duration for space between births.

“In my opinion spacing should be at least four or five years. By then the child starts understanding things.”

Concept of Birth Spacing Among Men

Men believed that the ideal duration of space between births is three to five years. They generally perceived that a couple should decide to conceive when the preceding child is old enough to go to school, starts taking meals and becomes more responsible.

“Spacing should be at least three years because children can be brought up well.”

Concept of Birth Spacing Among Providers

The opinions of doctors and paramedics (lady health workers) varied. Paramedics reported that the ideal duration for spacing is three to five years.

Although most doctors believe the duration of the optimal space between births cannot be generalized because it varies from case to case, some doctors believed a space of two to three years to be ideal. However, in one peri-urban area a less than two year space was felt to be optimal.

“If a woman gets married at an early age then it should be three years, but if she is a bit older like thirty or thirty-five years then she should complete her family quickly.”

The providers gave different responses when asked to speak from the client’s perspective. Consistent with the findings from other groups, “financial constraints” then emerged as the key reason for spacing.

“For them, the most important reason is financial constraints. It becomes a matter of affordability, how many they can afford to have.”

C. Advantages of Birth Spacing for Women

Women’s Opinions of Advantages of Birth Spacing for Women

Generally, women participants are considered to be the chief beneficiaries of spacing with the main advantage being better health. Reports of various complications women face during and after pregnancy such as weakness, anemia, blood pressure and swelling of uterus supported this view.

“If a woman keeps on having children then how will she be able to stay healthy?”

“She stays healthy because she would get weak if she were to give birth to children with less spacing.”

“During the spacing period a woman can take care of herself and recover from her last pregnancy. Basically, she can maintain her health.”

Many participants also said that spacing gives women enough time to focus on children, family and household responsibilities.

“Women have to do all the work, they have to do all the household chores, have to go out for groceries, do everything. So she gets time to do all her work.”

“She can give attention to her children and can feed them properly because it’s difficult to feed two children at a time. It will also be easier for her to handle her children.”

Some participants mentioned that spacing enables the woman to take some time out for herself as well.

“She can sleep well. If she does not sleep or rest properly she will not be able to look after her children or her husband.”

Though the better health of women emerged as the most important perceived reason among women for spacing, discussions revealed that “limited financial resources” was also a top priority.

“The most important of all is mother’s health. Obviously when you get married at thirteen years and soon have children, your health doesn’t stay as good as it should. It happened with us, we know that.”

“Mother’s health is the most important thing because how will she be able to take care of her children if she is weak.”

Men’s Opinions of Advantages of Birth Spacing for Women

Men’s responses were health oriented. Some said that spacing gives women time to focus on other responsibilities and eases their workload.

“Obviously she would get weak if she didn’t space between children.”

“A one-year old child is still very young to take care of himself. How will she be able to do her work, take care of her husband and her children?”

Providers’ Opinions of Advantages of Birth Spacing for Women

Providers cited health as the primary benefit of spacing. Many explained that different complications could occur if women do not practice spacing.

Almost every group reported better attentiveness and upbringing of the child as the major advantage of birth spacing for the last child born. They stated that if there is only one small child in the family, the parents, and more importantly, the mother, can give full attention, care and love to the child, than if she had other small children to care for at the same time.

“The mother’s lap is the first school for the child. He would get more attention and time from his mother.”

“He would get more attention. The mother would take better care of him, he would get proper nourishment and would not feel jealous of the next child.”

“His health stays good and he gets more time from his mother.”

Roughly all of the groups believed that spacing helps the last child mature enough to take care of him or herself before the next child is born.

“He gets old enough to take care of himself and eat by himself.”

“Mother has to train a child in lots of ways. She has to train him to feed, use the bathroom etc., but she can't do all this with two small children. The child does not get proper training if spacing is not adequate.”

“A child that is old enough can easily take care of his needs on his own.”

“The child gets a little independent. He can independently feed himself, use the bathroom, do all his work and of course his health also stays good.”

Non-spacers felt strongly that with adequate spacing the last child got a better education, which otherwise might be impeded due to economic factors in Pakistan such as rising inflation and falling incomes.

“Nowadays education is very expensive. We don't have enough income to educate so many children. Adequate spacing would enable us to educate them properly.”

Providers' Opinions of the Advantages of Birth Spacing for the Last Child Born

Providers mentioned better attentiveness and health of the child as major advantage of spacing to the last child born. In their opinion, attention from the mother ensures a better upbringing, since the mother then has more time to focus on her children individually. The other important aspect emphasized by the providers was that the last child would be old enough to take care of himself before the next child was born.

“He would get more care and attention from his mother. And the parents would be in a position to fulfill his needs.”

Men's opinions of the Advantages of Birth Spacing for the Last Child Born

Men mentioned better upbringing as the major benefit of spacing for the last child born. They believed that better education; more attention and love ensure a better upbringing.

“We would be able to take better care of the child. We can provide him with better food, better education and a complete attention.”

“Mother gets time to look after her child. He gets good education, training and more attentive.”

D. Advantages of Birth Spacing for the Next Child Born

Across all groups there was the common perception that spacing provides sufficient time for a woman to gain strength to bear another child, which in turn ensures a healthy birth.

“If children are spaced, the mother will be healthy and the resulting child will be healthy.”

“He would be born healthy because if the mother is healthy then obviously the child will also be healthy.”

“If the mother is weak her child would also have diseases. There are also chances of a miscarriage.”

Women’s opinions of Advantages of Birth Spacing for the next child born

Women believed that birth spacing results in better nourishment and, hence, better health of the next child. The baby receives more attention and love from the mother if the first child is older and less demanding of the mother’s time.

“If the next child is born after adequate spacing then he gets proper attention, more love and better care from his mother.”

Spacers and non-spacers believed that the younger child has the benefit of being taken care of by the older sibling. Attention and care, the participants felt, translated into better understanding and love between the siblings.

“The older child can take care of the younger child if the mother is busy in her work.”

“The elder child understands why the mother is more attentive to the younger child. He doesn’t feel jealous.”

Providers’ opinions of Advantages of Birth Spacing for the Next Child Born

Almost all the providers reported the greater likelihood of a healthy birth as a chief benefit to the next child when births were spaced advantageously. The mother’s good health is the major determining factor to ensure a healthy birth.

“The child would be born healthy and stay healthy because the mother is strong enough to nurse him properly.”

“The child is born healthy if the woman has less tension. The more she takes care of herself and eats good food the healthier her child will be.”

Other perceived benefits were better attentiveness and upbringing and more love. This perception was most pronounced among providers in peri-urban areas.

“The child would get more attention and nourishment because the mother is finished with the nursing of her first child.”

“If the mother has all the tension in the world, she would not be able to give due attention to her last and the next coming child.”

E. Advantages to Men of Birth Spacing and to the Family Generally

Women’s opinions of the advantages to men and the family generally

The majority of women believed that spacing eases the financial burden on men. Mothers-in-law in particular seemed to be more vocal about this benefit. In addition, women perceived that males with evenly spaced children have little or no tension and can enjoy their life and take time out to spend with their wives and families.

“There are lots of expenses. First the delivery, then there are expenses of milk, clothes, etc. Obviously he would get some relief if they are born with some spacing.”

“They can sleep well because one can’t relax if all the children are crying all the time. Secondly, it puts less financial pressure on them because a delivery costs a lot, not to mention the day-to-day expenses.”

“Obviously, if she has little children then she would give less attention to her husband and more to her children.”

‘Less financial burden’ dominated the discussion as an advantage for men. The birth spacing concept is perceived to cause less tension and improved health among men since they do not have to stretch themselves more to earn additional money.

“Men get free from all tensions. You know it costs a lot for a delivery and it is also very costly to raise children. How can one raise four children with a monthly income of five thousand rupees (about \$90.00 U.S.)?”

Men’s Opinions of the Advantages to Men and the Family Generally

Men saw the benefits of spacing, primarily in terms of financial concerns.

“The fear of how will he be able to support his family keeps him depressed.”

Providers’ Opinions of the Advantages to Men and the Family Generally

A large majority of the providers believed that spacing results in financial relief to men. This substantially reduces their mental stress and empowers them to provide a better living for their families. Participants in one peri-urban area believed women could also share this responsibility with men.

“Men would have less financial burden put upon them.”

“It puts less burden on them. Women too can lend a hand by doing a job.”

Additionally, men said they receive more attention from their wives when the children are spaced and do not have to spend as much time caring for the children.

“He would get more attention from his wife because she would only have one child to take care of.”

F. Actual Birth Spacing Practices

Reasons for Birth Spacing According to Birth Spacers

“Financial constraints” emerged as a strong motivation for spacing births. However, women said that such decisions are usually unplanned and not made in isolation. Support from the family, primarily the husband, played a key role in enabling women to space births. Mothers-in-law appear to have more influence on birth spacing in peri-urban sites,

especially for women in younger age groups. Although health of the woman was another reason for spacing, participants mentioned it less often than financial reasons.

“A woman also considers her husband’s income. She thinks about household expenses, costs of her child’s food and education. These are the things that influence a woman to think about spacing. It influenced me.”

“If my children were born without adequate spacing then it would have affected us badly. It’s very difficult to raise children in such economic conditions.”

“My mother-in-law initially wanted me to have seven children but changed her mind considering rising expenses and inflation.”

Reasons for not Spacing Births According to Nonspacers

Consistent with the findings from spacers, family support emerged as one of the central reasons for not spacing. Religious considerations, fear of side effects, desire for more children (especially sons) and lack of husband’s support appeared to be the most significant reasons for not spacing births.

“My husband didn’t agree. He says it’s in Islam that a woman should do what her husband tells her to do.”

“My husband doesn’t even allow me to think about it.”

Men’s Opinions on Reasons for not Spacing Births

Men held mixed opinions on why a woman was unable to space births. Most felt that failure of the chosen birth spacing method most often resulted in a woman’s inability to space births. Only a few men mentioned lack of family support and desire to have a son as primary reasons.

“A woman has to discontinue spacing because of family pressure. They criticize her if she doesn’t have a son.”

“There is a woman I know who had six daughters. Her family used to curse her and wanted her husband to marry with another woman. So that’s why some women don’t space even when they want to.”

Providers’ opinions on reasons for not spacing births

Providers believed that spacing births is directly related to a woman’s total number of children. As the number of children increases, the birth spacing interval also appears to increase. Providers believe that women generally start birth spacing after the birth of the second child. Providers also reported the following preferred spacing as related to the total number of children:

- Two to three years between the first and second child
- Three to four years between the second and third child
- Five years after the third child

“The space between the first and second child is about two to three years. Once they have two children, they start thinking of waiting longer and do wait for four to five years.”

Providers believed that women in younger age groups are more inclined towards practicing birth spacing and tend toward longer spaces than older women.

“If a woman gets married at the age of thirty then obviously she wants to have children as quickly as possible. It’s important for her.”

In addition to the total number of children and the woman’s age, providers cited the following other interesting determinants of spacing: ‘husband’s will’, ‘desire for a son’ and ‘working status’.

“Women having one or two daughters wait for just a year only because they desire a son.”

G. Couples’ Pregnancy Decision Making Process

Women’s Views on a Couple’s Pregnancy Decision-Making Process

Women agreed that the husband is the decision-maker as far as how and when spacing is practiced. The one exception was for young non-spacers in peri-urban areas. They stated that mothers-in-law were the primary decision makers.

“The final decision rests with the husband. We cannot do anything without his permission. Obviously, women can not do anything, even mothers-in-law can not do anything if he doesn’t agree.”

“The final decision rests with the mother-in-law. The husband would only agree if the mother-in-law asks him to.”

Nonspacers reported having little or no say in controlling spacing. This report came predominantly from young non-spacers residing in peri-urban areas.

“The woman does not have much say in it and if she tries to talk or convince her husband of it, he fights with her.”

Mothers-in-law claimed that the husband is the one who decides when and how spacing should occur.

“Mothers-in-law can only advise their children, the final decision rests with men. We can only ask them to have few children otherwise you will not be able to take better care of them, educate them or raise them properly. They have to decide whether they want to do it or not.”

Almost all of the women who space births said that they have a say in the spacing decision, but emphasized that their husbands also play a significant role in the decision.

Men's Views on a Couple's Pregnancy Decision Making Process

Contrary to the findings for women, men believe that both husband and wife mutually make decisions about birth spacing. The exception was an urban area where participant's views differed across gender as to who made the spacing decisions.

"Husband and wife mutually decide about spacing."

Across all groups, men believed that women have a say regarding their spacing preferences.

"Obviously it concerns them too. They do ask their husbands about it and most of the time convince him to space. At times husbands themselves suggest practicing family planning."

One peri-urban group reported that women who do not have any decision-making power about spacing begin making birth spacing decisions independently and covertly.

"Some women use medicines without telling their husbands if they don't agree."

The majority of men, however, seemed convinced that 'parents' (*mothers-in-law*) are the key influencers in regulating birth spacing. Men in one urban locality also reported 'friends' as major influences in birth spacing because of the embarrassment of discussing such matters with parents.

"Mothers have substantial influence. For example if my mother asks me not to do it then I won't. She has the right to voice her opinion."

"I think friends influence a lot. It's easy to talk to them about spacing but it's embarrassing for parents as well as for us to discuss such topics."

Provider's Views on a Couple's Pregnancy Decision-Making Process

A majority of providers believed that the husband has the most authority in decisions on birth spacing, because it is the husband who dictates when to practice birth spacing. In some cases, however, mothers-in-law were also mentioned. For example, providers in one urban area believed that mothers-in-law have more authority in the case of joint families.

"Seventy-five percent of women say that they will have to ask their husbands before deciding anything."

"Obviously, husbands decide about it."

Providers in one peri-urban area believed that women themselves have the authority to decide and control spacing.

"A woman can do anything she wants. She has the responsibility for the entire family."

Most of the participants stressed that things have started changing, and that women now have the freedom to control spacing independently. This change is characterized as a changing attitude of their spouses and families, especially mothers-in-law. The extent of decision-making power is perceived to be linked to the increasing educational level of the family.

“Earlier women didn’t have much say, but things are changing now. Now women are in a position to convince their husbands, and the media has also played an important role in changing their attitudes.”

H. Most Often Used Contraceptives

Across all groups including non-spacers, injection was found to be the most popular contraceptive method among spacers followed by pills, condoms and IUD. Although the reasons for using a particular method were not discussed at length, the popularity of injections seemed to stem from their experience that injections are:

- Easy to use
- Effective for two to three months
- Have less side effects than other methods

“There is a woman I know who was using injections. She told me that the good thing about injections is that it’s good for two months.”

“I think of all the modern methods the injection is the best because it doesn’t have any side effects on the body.”

Women who face resistance from their families regarding contraception tend to opt for injections because they perceive injections as easily hidden from family members.

“It’s convenient for them in terms of time. They say you don’t have to go to a doctor again and again, just once in three months and that’s it. You don’t have to take it daily as in the case of pills.”

“Injections have side effects too, but the problem with pills is that women forget to take them. They always fear that they would conceive if they miss even a single dose. It’s convenient for them to take injections every two or three months.”

However, women also mentioned using other methods of contraception and had their own reasons to believe the method that they are using is the best.

“I was having problems with injections. I was feeling a lot of weakness and having excess bleeding. So I switched to pills. Now I am healthy and taking better care of my family and children.”

After birth control pills, the other reported methods in order of preference were condoms, IUD and natural methods such as withdrawal and breast-feeding.

“I think Copper-T is best. My cousin is using it. She removed it when she wanted to have a child and after his birth she had it reinserted.”

“All the methods have side effects. I think discharging outside (withdrawal) is the best.”

Overall, mothers-in-law were aware of almost all the methods and openly discussed pills, condoms, IUD and injections. They considered breast-feeding and withdrawal to be natural methods. Although they had to be prompted on most occasions, when asked about their preferred method, the majority of mothers-in-law considered injections to be the most suitable method.

“Injection is better because you don’t have to go through the hassle of taking pills daily. It’s annoying.”

Provider’s view on recommended contraceptive methods

According to birth spacers, providers present them with all the methods and then help clients choose an appropriate method.

“They just tell us about the methods and leave it to us. They ask us to discuss it with our husbands and then decide.”

Nonspacers said that providers prescribe the most suitable method. However, some participants suggested that providers often do not clearly explain the disadvantages of a particular method.

“They tell us about all the methods in detail. They present us all the methods and recommend according to our suitability.”

Recommended methods seem to vary with clinical history, current health of woman, number of children and desired duration of spacing.

“It depends on the patient’s history. We don’t recommend pills to a lactating mother or to a woman who has four kids. We try to convince her of Copper-T.”

All groups reported that providers most often recommended injections. Other recommended methods included: pills, Copper-T and condoms. However, non-spacers and mothers-in-law reported that providers recommended sterilization for women who already had three or four children.

“They mostly recommend injections and tablets.”

Paramedics/LHWs of one urban locality said that condoms were more popular than other methods of contraception primarily because of the perceived lack of side effects.

“Condoms are used mostly because they do not have any side effects.”

“When we tell them about every method they choose condoms. Many stop using injections and switch to condoms because of menses disorders.”

According to providers, selection of the method depended on the desired space between births. Women who desired to wait longer than a year before the next birth tended to chose

the IUCD or sterilization as a birth control method. The latter choice, which is not considered to be a birth spacing method, is more common among older women and those with many children.

Men's views on recommended contraceptive methods

Men's knowledge and awareness of birth spacing methods appeared to be limited. Men were knowledgeable about condoms, injections, pills and breast-feeding. Male sterilization was also reported in the men's groups, but not mentioned in the women's groups.

"There are injections, there are pills, and if someone has many children then they can contact a family planning office for an operation."

Withdrawal and IUD were mentioned in only a few cases.

"Yes, I have heard of it. During sex when you feel ejaculation, you can take it out and discharge outside."

Mostly, men seemed to prefer the condom to other methods mainly because it is easily available, inexpensive and has few side effects.

"The condom is the most suitable method because it's cheap and easily available at every shop, but pills and injections are available only at medical stores."

Men of one peri-urban area seemed to prefer injections to other methods.

"I think injections are better because there is no hassle to take it daily. You only need to take injection once in two or three months."

I. Family/Community Influences on Birth Spacing

Mothers-in-Laws Role in Family/Community Influences on Birth Spacing

Mothers-in-law indicated that they have very little say in decisions on when and how spacing should be done. Both spacers and non-spacers, on the contrary, felt that mothers-in-law played an important role in controlling birth spacing in the young family. Mothers-in-law tended to feel that birth spacing was important for the mother's health and for 'financial' reasons.

"My son had three children back to back. I got angry with him and told him to do something otherwise he would have difficulty raising them."

Mothers-in-law were less vocal when asked why some women are not able to wait as long as they wished before having a next child. The few that could manage an explanation attributed this to desire for a son, discontinuation of contraceptives (primarily due to side effects) and lack of husband's support.

“Desire for son or daughter might be a factor influencing women not to wait.”

“There are some husbands who threaten their wives that they will marry someone else.”

Nonspacers residing in peri-urban locations and of a younger age group said the major resistance to family planning came from mothers-in-law.

“Mothers-in-law pressure more, no matter if the other person is dying or not, and husbands do what their mothers ask them to. If mothers-in-law ask them to space then husbands will agree.”

“I discussed it with my mother-in-law, but she refused because I had daughters only. I kept on having children because they desired a boy.”

Overall, there was a mixed reaction to the extent of mothers-in-law involvement in spacing. Mothers-in-law questioned at two out of the four sites denied having any say in determining birth spacing. Moreover, they believed that daughters-in-law have a strong influence in deciding when to space.

“It depends on the kind of family you have, and relations with your children. There are some women who honor what their mothers-in-law say, while others don’t.”

“Only one out of three agree to what their mothers-in-law say.”

Nonspacers, especially in one peri-urban area where birth spacing is not common, indicated a complete lack of support for birth spacing at the family level. This lack of support stems from a general bias against family planning, religious considerations, fear of side effects and desire for a son. These seem to be stronger factors for women of younger age groups. According to these younger women, both men and women are greatly influenced by their family.

“They don’t agree. They say if you don’t want any more children then go back to your home, we will marry our son to another woman.”

“If a woman wants to space then her mother-in-law and father-in-law think that she doesn’t want the family to grow.”

As it might have been expected, both spacers and non-spacers reported “husband” and “mother-in-law” as the major influences in determining space between births. However, there was little variation in findings across residential area and age group. Consistent with our previous findings, women in younger age groups from peri-urban areas cited mothers-in-law as having more influence in spacing decisions. On the other hand, women residing in urban areas more often reported their husband’s having the most influence.

“After husband, mothers-in-law have the most influence.”

However, some providers felt that family resistance to birth spacing was still a primary factor in a woman’s ability to control the space between births.

"There was a woman who came to me sometime ago. She had six or seven children without adequate spacing. She was very weak, underweight and anemic. I tried to counsel her husband but he didn't agree. He said he still wants more children."

How Culture Affects the Role of Family/Community Influences on Birth Spacing

There is a cultural belief in Pakistan that having a son is the most desired pregnancy outcome. A family is not "complete" if there is no male-child. One woman summarized it very clearly:

"If you don't have a son they start demanding a son. There is a woman in my neighborhood that had nine daughters. She kept on having children in anticipation of a boy even though they are so poor. Finally, she had a boy after nine daughters."

The price for not having a boy is that women face criticism. In some cases they are punished if they want to practice birth spacing, but then have only daughters.

"They have to face criticism if they don't have a son, but it's okay with the family to space as long as you have a son."

With the exception of one peri-urban area, providers across all groups were convinced of a major shift in the beliefs and attitudes of people. In their view, families have started to change, and are becoming more accepting of modern birth spacing practices or, more commonly, the use of contraceptives for the purposes of family planning. In some participants' opinions, this change is the result of economic pressures in Pakistan such as the high cost of living and poverty.

"Nowadays people have started to accept family planning because people guide each other a lot about it. Secondly, inflation is so high that it's becoming difficult to make both ends meet especially if you have a lot of children."

J. Role of Religion in Birth Spacing

Women's Opinions on the Role of Religion in Birth Spacing

A majority of spacers believed that Islam does not permit the use of contraceptives. This belief was somewhat consistent across all groups of women. Use of contraceptives was seen as a sin because it is considered to interfere in God's system. However, in spite of this, many women still practiced some form of birth spacing in response to economic constraints.

"It's a sin we know. But economic hardships make us adopt this path."

"It's a sin in Islam. It is totally rejected by Islam. Using any method be it operation, injection or any other is like interfering in God's will."

Children are considered God's will and blessing. This being the case, any use of contraceptives would be thought of as a rejection of God's blessings and by doing so would incur God's wrath, which would befall the other children.

"People say it is a sin, do not take pills or injections because it's a sin. They say children are gift of God. It's not appropriate to turn away from God's blessings."

"Religion doesn't allow spacing. It is a sin. They say that if you space then God will take away the rest of your children as well. That's the fear we have."

"My husband is totally against this because he is a maulvi (having a beard). He says it's a sin even to think about it. Children are God's gift."

When prompted, religious women showed less resistance to natural methods of contraception. Among these, breast-feeding was the unanimously accepted natural method in Islam. Some statements also reflect the opinion that birth spacing occurs naturally as dictated by religion not science.

"Breast-feeding, is the only natural method is accepted in Islam, which provides two to two and a half years of spacing."

"Religion says that breast-feeding automatically provides spacing for two years. That's the kind of spacing it advocates."

Men's Opinions on the Role of Religion in Birth Spacing

Men also said that Islam does not allow birth spacing, and that it is considered to be a sin. However, they too agreed that natural methods were acceptable.

"Religious leaders say that all of this is unacceptable in Islam. You would have as many children as God has written in your fate and he will provide for them."

"Religion says God is the provider for all. Who are these (family planning) people to decide? Everything is in God's hands."

"From a religious point of view the natural method is the best method, which is discharging your semen outside woman's body."

Among the dissenting voices were participants of one urban site who believed that there is dire need for religious scholars to define the role of religion in "family planning."

"Our religious scholars need to sit down and think what does family planning means in terms of religion because presently there is no definite explanation of family planning in Islam and everybody seems to be confused."

Provider's Opinions on the Role of Religion in Birth Spacing

A majority of providers said they believed that birth spacing is acceptable in Islam. However, they did not extend this to modern methods of contraception. According to them, withdrawal was practiced even at the time of the Prophet Muhammad.

"Though these methods were not present during the times of Prophet Muhammad people used to practice withdrawal. So spacing was practiced in those times too."

Some providers thought that birth spacing is not generally acceptable in Islam and is regarded as a sin.

"Religious people have very strong sentiment against it. They say you are intruding in God's work, it's murder."

K. Views About Sources of Information on Birth Spacing

Views of Providers as Sources of Information on Birth Spacing

Women reported that providers at the Government health establishments lagged behind private providers as sources of information on birth spacing.

"Spacing information is not provided at government hospitals. They say it's not their headache."

"I think private hospitals give more information about spacing. Doctors in government hospitals don't have much time to discuss these things."

Men showed little knowledge of whether providers give any information on spacing. From the discussions it was also clear that husbands and wives do not generally communicate with each other about what they discuss with providers.

"Men don't generally accompany their wives and it is better if a woman goes alone to see a doctor."

The majority of men said that the reason providers do not give information about birth spacing is because they benefit financially from frequent births, which require that families pay the costs of delivery and baby care.

"Doctors don't generally tell women about birth spacing."

Responses of mothers-in-law were mixed. Focus Groups conducted at urban sites revealed that providers give different information depending on the health of the woman and the number of children she has. However, groups in peri-urban locations reported that paramedics/LHWs there gave detailed information on birth spacing.

"They do give information about birth spacing, especially to those who are weak and anemic. If a woman has three or four children then doctors talk with them as well as their mothers-in-law and try to convince them."

“These lady health workers come to our homes and tell us everything about spacing...better than a doctor does.”

Most Trusted Sources for Receiving Birth Spacing Information

Women appeared to trust providers for information on birth spacing. However, their preference, when prompted in a few cases, was towards seeking information from female providers because of embarrassment about taking advice from a male provider. Except for mothers-in-law, women also mentioned paramedics/LHWs as a trusted source of information on spacing.

“Lady doctor is best because she is educated and has our file. She knows our body better than anyone else. That’s why she can give better advice.”

Views of Information about Spacing through Pharmacies

Some men and women said that they never received any birth spacing information from pharmacies, but also believed that pharmacies never give such information.

“They can’t give any information because they are men, how can they talk on this topic with a woman?”

“We can’t ask men about it. It’s embarrassing. Maybe they do give information to men if they ask.”

Late in the discussion, a few birth spacers noted that packages of contraceptives contain product-related information. Others expressed lack of this knowledge.

“There is no information about birth spacing on these packets. They just contain directions for use.”

Women across all groups believed that birth control packaging should contain information on birth spacing, and that it is a useful location for information on the topic. Men agreed on this point.

“Yes, it should contain spacing information because it would benefit those who don’t have the facility to see a doctor to acquire proper information about birth spacing...especially those who live in villages and only have access to medicines, not a doctor.”

Birth Spacing Information on Packages of Contraceptives

Overall, providers were convinced that including birth spacing information on packages of contraceptives would benefit everyone, especially those who do not have easy access to doctors or other qualified health professionals.

“I think this would be a good source of information. Women can read it especially women of tribal areas where women can’t go out, they don’t have permission.”

Birth Spacing Information at the Institutional Level

Across all groups providers said they supplied birth spacing information to women. A communication process that begins with the rapport phase enables providers to gain the confidence of clients and, subsequently, to educate women and their families on practicing birth spacing.

“First we ask them about their income, number of children, their ages, any methods they were using previously etc., and then advise accordingly.”

Preferred Times to Provide Birth Spacing Information

The general perception among providers is that the best time to supply birth spacing information is during antenatal visits. Providers felt that women need to be mentally prepared right from the beginning to create a lasting impression.

“An antenatal visit is a good time to tell them. She visits us at least once a month so we would be able to motivate her nine times during her pregnancy.”

Providers in one peri-urban location, however, felt that women pay less attention to birth spacing information during pregnancy, and that the ideal period to discuss the issue is during their postnatal visits.

“The first postnatal visit is the best because you can't do that during delivery. She is so much in pain at that time that she ignores what you are saying. But she is settled and relaxed when she comes for a postnatal visit. It's the best time to convince her.”

One group in an urban area believed that the best time to give such information is during delivery because the extensive pain the woman experiences should make her realize the importance of birth spacing.

“There is another concept of telling her while she is in labor because she is in so much in pain at that time that she seriously considers not having another child very soon.”

Providers preferred to disseminate birth spacing information at seminars and workshops. They also mentioned that pharmaceutical companies, NGOs or any other team of experts in the area could be trusted sources of information.

“There should be a team with expertise and experience in family planning, which should provide us information quarterly or biannually about any advancement or development in the area of family planning.”

Providers of an urban area suggested journals and pamphlets could be distributed in cases of limited resources.

“You can even send mail and start some journals or pamphlets. That's a better option if we have limited resources.”

L. Views on the Quality of Services in Birth Spacing

All participants across all groups believed for the following reasons that private hospitals and clinics provide better services than Government hospitals:

- Good care
- Provider treatment with respect
- Privacy
- Provider listens carefully

“There is more care in private hospitals and they talk to us very nicely as well. Nurses in government hospitals even beat the patients. They show a lot of disrespect. This doesn’t happen in private hospitals.”

“Employees of government hospital are very inconsiderate. They just don’t listen to your problem. They don’t even have talking manners.”

V. CONCLUSIONS

Focus group findings suggest that almost all the respondents expressed that “birth to pregnancy” is the most convenient way of calculating the duration of spacing between the first-born and the next child to come. Across all groups the perceived advantages of spacing were found to be quite similar. For the last born and the next child the major perceived advantages were “better attention” and “healthy birth”. “Better health of women” emerged as the major advantage of birth spacing. This is not an unexpected finding: males are usually the sole breadwinners in these cultures.

Spacers mentioned two to three years as an ideal duration for spacing. Among providers similar beliefs were expressed. Nonspacers, particularly those in younger age groups, described an ideal duration of spacing to be three to five years.

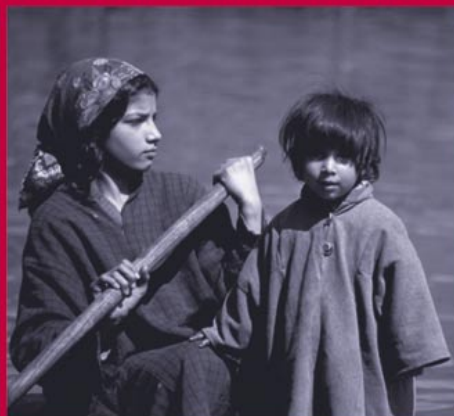
Two conspicuous reasons for practicing or not practicing spacing emerged out of the discussions. Among spacers the major reason for spacing was primarily motivated by “financial constraints”, although having a supportive partner and no family pressures (especially from mothers-in-law) also facilitated the spacing behavior. Even spacers in the younger age groups appreciated the important role that mothers-in-law play in deciding the spacing mechanism. Discussions shows that mothers-in-law are involved in the birth spacing decision but prefer to deny it. However, among nonspacers having an unsupportive family atmosphere was found to be the chief barrier to practicing spacing. It was very clear from the discussions that “husbands” and “mothers-in-law” are the major influencers.

Additionally findings suggest that preference for a male child, religious prohibitions, and fear of side effects from contraceptives discourage the practice of spacing. An interesting finding of this study is that both males and females felt that the private sector provides higher quality services than government hospitals. The major reasons for preferring private over government health outlets were that good care is provided, the provider treats the client with respect, the client has greater privacy and the provider listens carefully.

Moreover, providers at the private outlets were more likely to give better information on spacing than providers at government outlets.

The results of the focus groups indicate that program interventions providing service delivery need to further improve their services, particularly at the counseling level. Here the provider can play a pivotal role in better informing males and females about the importance of spacing and the benefits associated with it.

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